

## **REQUEST FOR WORKERS' COMPENSATION RECORDS**

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Under the provisions of Idaho Code § 9-340B(9)(a), the undersigned requests a copy of the workers' compensation records of the Idaho Industrial Commission identified below. Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

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Claimant's Full Name:\* \_\_\_\_\_

Claimant's Social Security Number:\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date(s) of injury:\* \_\_\_\_\_

I.C. Claim Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_

Records Requested:\*

- ☐ Claims History Search for past 5-year period.
- ☐ Claims History Search for past \_\_\_\_ year period. (Computer Claims History Search not available for periods prior to 1973.)
- ☐ A copy of the above noted claim file(s).
- ☐ A copy of all claim files identified in the above noted Claims History Search.
- ☐ A copy of other workers' compensation records (Specify):
- ☐ Rehabilitation records    ☐ Adjudication records
- ☐ Other records (Describe): \_\_\_\_\_

The undersigned is, or is the legal representative of, (check all applicable boxes):\*

1. ☐ The claimant, or ☐ the employer, or ☐ the surety or ☐ the adjuster,
2. ☐ The claimant, or ☐ the employer, or ☐ the surety or ☐ the adjuster,  
that was **a party to the closed claim** file(s) requested above, or
3. ☐ The Industrial Special Indemnity Fund.

Full name of party:\* \_\_\_\_\_

Full name of legal representative:\* \_\_\_\_\_

Mailing Address for response:\* \_\_\_\_\_

Requestor's Phone Number:\* (\_\_\_\_) \_\_\_\_\_

Requestor's Signature:\*# \_\_\_\_\_

Date Signed:\* \_\_\_\_\_

(\* = Completion mandatory)

(# = Must be signed personally by legal representative)

I.C. RESPONSE/NOTE AREA:

**SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL  
COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX  
83720, BOISE, ID 83720-0041**